

Health Law Studies

Health Care and Competition Law and Policy Workshop

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Rationales for Limiting Antitrust in Health Care

- 1970's- early '80's: Preserve professional sovereignty, supremacy of state and federal regulation
- 1980's: Per se rule inhibits PPO formation (Maricopa); staff privileges disputes threatened quality (peer review and state action decisions (Patrick v. Burget; HCQIA)
- Early '90's: Consolidation/JVs necessary to foster competition in managed care contracting
- Present: Level the playing field; counteract managed care power

Legislative/Regulatory Responses



Grades

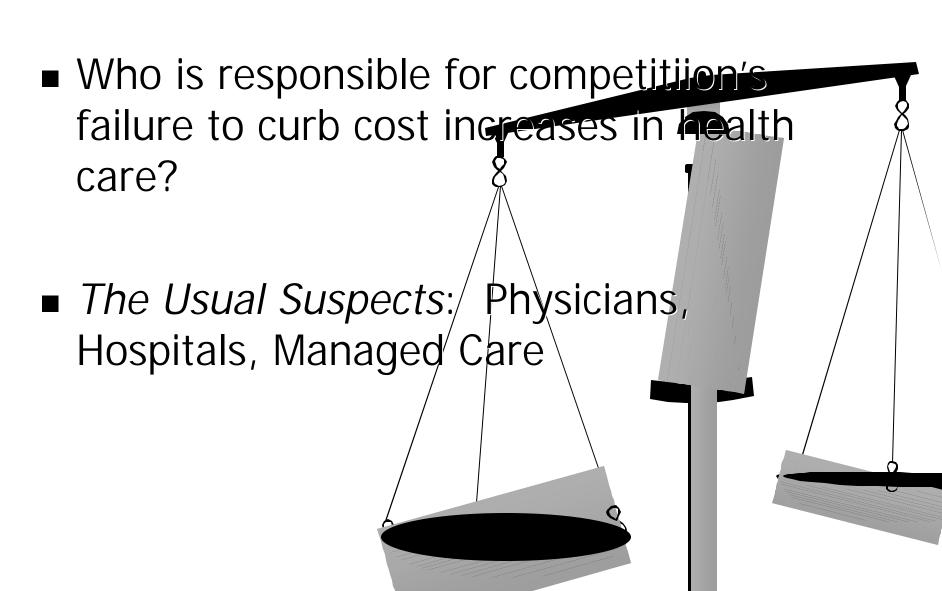
- Health Care Quality Improvement Act
- FTC/DOJ Policy Statements: A-
- State Hospital Cooperation Laws: C- 1
- State laws regulating managed care: C+
- Physician collective bargaining laws: F
- Grade key: Does the change ameliorate market failure and advance social welfare? See Peter Hammer, Medical Antitrust Reform: Arrow, Coase and the Changing Structure of the Firm

Antitrust Success stories

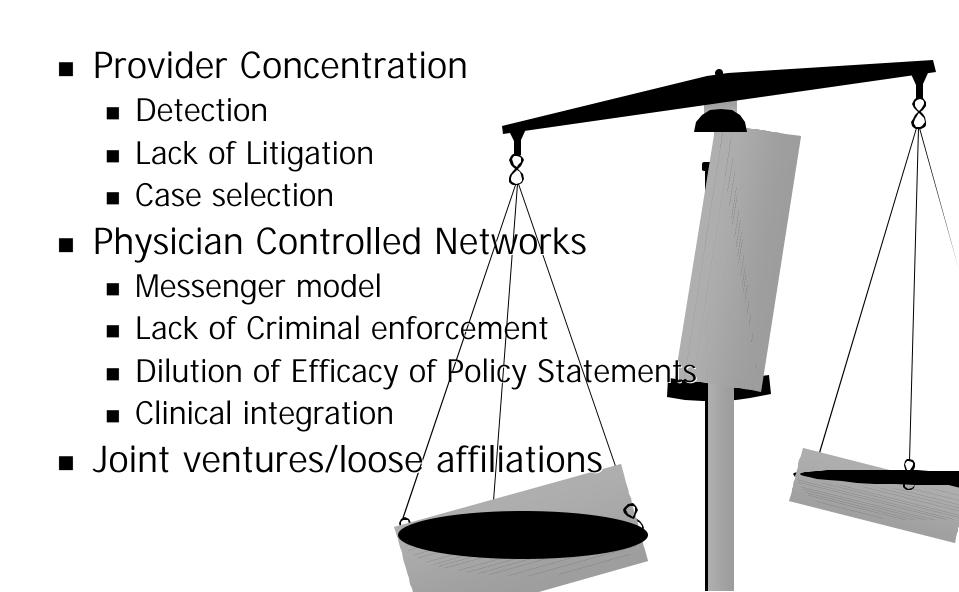


- Policy Statements
- pealing with spurious, opportunistic suits, e.g. staff privileges
- Encouraging integration
- Curbing cartels
- Pharmaceutical Industry cases
- FTC/DOJ staff

Murder on the Orient Express



Government Enforcement Failures



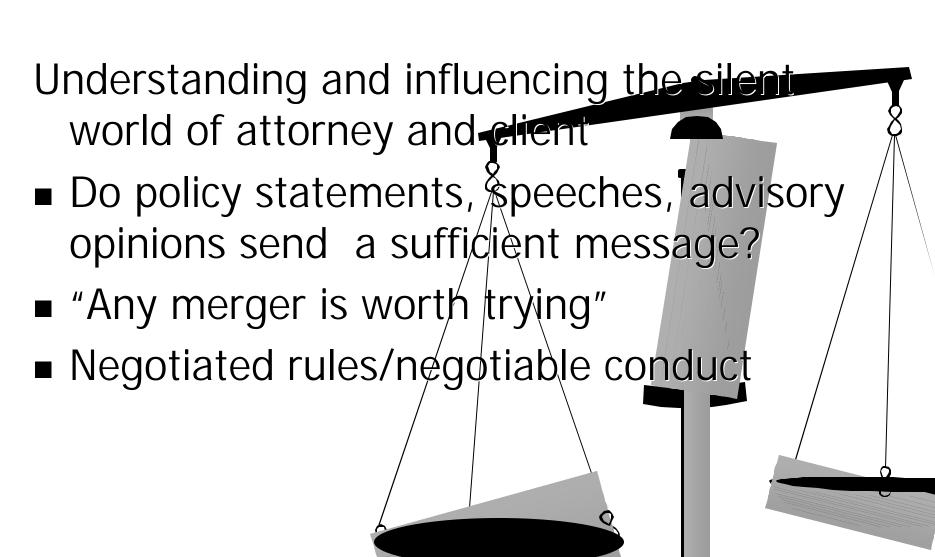
Other culprits: The Courts

Mergers and Market definition Misuse of Elzinga Hogarty, Evidentiary treatment of participants testimony Managed care backlash Slavish adherence to the Chicago template Ignoring the central problem: Oligopoly and Monopsony California Dental, Justice Souter's turgid prose, and the evisceration of quick look

Culprit 3: Antitrust Doctrine



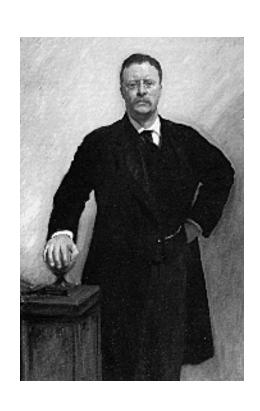
One more suspect: The private bar



Whither Antitrust?

- Concentrated provider markets
 - Hospital-physician disputes, e.g. Hospitals attempting to block physician-sponsored surgicenters
 - Hospital-hospital disputes, e.g. Fredatory and exclusive contracts with MCOs raising rivals costs and other theories
- Vertically integrated entities: exclusive dealing and other abuses
- Concentrated Managed Care markets
 - More "countervailing" physician networks; "clinically integrated" hospital networks
 - Predation by MCOs with real market power
- Pharma; devices; genomic I.P.

The road ahead: a dose of trustbusting



Amicus filings

Revitalize law enforcement

faede

State enforcement

Fed/state cooperation

Regulatory Reviews

Policy Statements vs. Guidelines

■ Employ new economic / literature on market definition, integration in health care/

Targeted research: Reduce lag in Economic literature/AT

doctrine

Syllabus

- Greaney, Whither Antitrust? The Uncertain Future of Competition Policy in Health Care, 21 Health Affairs 185 (March 2002)
- Greaney, A Perfect Storm on the Seal of Doubt: Physicians, Professionalism and Antitrust, 14 Loyola Cons. L. Rev. 481 (2002).
- B. Furrow, T. Greaney, et al. HEALTH LAW Treatise ed. (West, 2001) ch. 14.
- Peter Hammer, Medical Antitrust Reform: Arrow, Coase and the Changing Structure of the Firm.
- Commissioner Thomas Leary, Saint Louis University School of Law Law Journal, Fall 2002.